

Patient File No

: 1255

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Patient Name Emirates ID

Mohammed All Imran

Indian 784-1981-4385984-5 DOB

08-Jan-1981

Date

إن عدم التزام المريض بالمواعيد المحندة له أو تعليمات الأطباء قد تؤدي الى مضاعفات قد تفير خطة العلاج أو تؤدي إلى فشلها, وفي هذه الحالة يتحمل هو وحده تكلفة خطة السلاج الأصلية التعلق عليها إضافة إلى التكلفة الإضافية الناتجة عن تعديل خطة الملاج كما يتحمل المريض أيضا أي مسؤولية أخري دون تحمل عبادة عبادة دينناستري للسنانأو أطبائه أي مسؤولية مادية أو طبية أو فانولية أو معنوية مهما كانت.

إن تكلفة جميع مراحل الملاج يجب أن تنفع مقدماً بالكامل و في غير مرتجعة في أي مرحلة من مراحل الملاج يجب أن تنفع مقدماً بالكامل و في غير مرتجعة في أي مرحل المريض الملاج لأي سبب. إن توقيع العريض أو من مو مساول اعتد أو ينطقه على هذه الورقة يعني أنه ترقاها وفهم مافيها وقبياة واستفسر بشكل كامل ويرضيه كل ما يتعلق بالملاج من أطباء السرادة ومرد أي جهة أخرى بريدها وواقع عليها و طلب من أطباء عبادة ميناشدي للسناناليده في الملاج وقوضهم بمما ما يوزوه مناسب لملاجه وتعهد بالإلتزام بتعليماتهم و مواعيد الملاج و بدفع كامل تكلفة الملاج.

لقد قرأت ما سبق و عليه أوقع توقيع المريض/ المريضة أو من يمثله:

Male 31-Aug-2024

## Teeth Cleaning

تنظيف الأسنان عملية تنظيف الأسنان هي عبارة عن تنظيف البلاك (هي طبقة بيضاء ناعمة تغطي السن) و الجير (وهو البلاك المتصلب) بواسطة احدث أجهزة التيفيف الفوق صوفية التي تستخدم الماء للتربيد البلاك يعتاج بالأطلب جلسة واحدة التنظيف مع جدون بمبداء مجموعياً أما تنظيف الجير فيتطلب من جلسة الى تضمع السن بواسطة مجمون سيختم حجيسياً أما تنظيف الجير فيتطلب من جلسة الى الخلف مستطلب جلسة واحدة التنظيف و تصدي و تلمين الاسن أما إذا كان الجير سطحي في فلي الأطلب سينطلب جلسة واحدة التنظيف من جدود تلمين الان الجير المنافق و تمين السن أما إذا كان الجير سطحي في منافق المنافق جب على المريض مقامية والكر من التنظيف أم حدود على المنافق الجير و واذا كان المنافق المنافق المنافق منافق على المنافق المنافقة المنافق المنافقة ا

Teeth's cleaning is a process in which plaque (a thin soft white layer covering the teeth) or calculus (the hardened or calcified plaque) is removed using the latest dental ultrasonic machine at high speed with water spray as a coolant. Plaque usually needs one session of cleaning after which airflow technique and professional polishing is performed. As for calculus it may and processional pulsating is personned. As no certains it may require 1 to 2 sessions depending on its extent. If its superficial then one session is required after which polishing is done to smooth the teeth. If the calculus is deep then that requires 2 or more sessions of deep scaling in which the roots are also cleaned, smoothed and polished. If any further treatment is unexpectedly added to the treatment plan for any reason, it would be subject to additional cost which the patient has to pay, and would require extra treatment time and extra sessions. pay, and would require extra treatment time and extra sessions. After scaling the patient may feel slight to moderate sensitivity depending on extend of the calculus. Some mobility may be experienced in cases of deep scaling the severity of which depends on extend of bone loss and may require further treatment. Some patients may notice some spaces between their tenth those are due to the proposal of the calculus that their teeth those are due to the removal of the calculus that was occupying that space.

in case the patient insisted on modifying the treatment plan against the doctor's recommendations then he/she or his/her against the doctor's recommendations unen incance or may nei representative or the person responsible for him/her has to sign a pledge that exempts Dentistree Dental Clinic, and its Dentists, in full from of any liability whatsoever, whether financial, medical, legal or moral

The patient's absence on the dates and timings set for him/her or lack of commitment to the doctor's instructions could lead to complications that would change the treatment plan, or lead to its failure, and in such case, he/she alone would be responsible to pay the cost of the original treatment plan already agreed upon in addition to the additional cost resulting from modifying the treatment plan. The patient in this case is responsible about the results whatsoever and should fully exempt Dentistree Dental Clinic and its doctors from any liability whether financial, medical legal or moral.

The cost of all stages of treatment must be paid in full in advance and is non-refundable at any stage of the treatment, even if the patient did not complete the treatment for any reason whatsoever.

Signing this paper by the patient or any who is responsible for him/her or represents him/her means that:

He/she has read the paper and understood its contents, and heysne has read the paper and understood its contents, and has questioned in a full and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party they want to consult, and that the patient has approved what was explained to them and consults the patient has approved what was explained to them and the patient of the patient o requested the physicians of Dentistree Dental Clinic to begin requested the physicians of Dentistree Dental Clinic to begin the treatment and gave them the authority to do whatever they consider is appropriate for his/her case, and pledged to follow their instructions, attend all the treatment sessions on time and pay the treatment cost in full-He/she has read the paper and understood its contents, and has questioned in a full and a statement and the paper and understood its contents, and has questioned in a full and a statement and the paper and understood its contents. and satisfactory manner about everything related to the treatment from the doctors of the clinic and any other party they want to consult, and that the patient has approved what was explained to them and requested the physicians of Dentistree Dental Clinic to begin the treatment and gave them the authority to do whatever they consider is appropriate for his/her case, and pledged to follow their instructions, attend all the treatment sessions on time and pay the treatment cost in

I have read all what is mentioned above and I will sign below in

I agree that health are provider(s) involved in my care at this facility will access my healthinformation through the Health Information
Exchange System (NABIDH) in accordance with the Lawsof the United nirates, Emirate of Dubal Legislation and Dubal Health **Authority Policies** 

وافق على أن مقدم (مقدمي) الرعاية الصحية المشاركين في رعايتي في هذه المنشأة سيتمكنون من الوصول إلى صحيق المملومات من خلال نظام تبادل المملومات الصحية (NABICH) وفقا للكواتين دولة الإمارات العربية المتحدة، تشريعات إمارة دي وسياسات

Sign here, only if all of your questions have been answered to your satisfaction

Mohammed Ali Imran

31-Aug-2024

Patient's name

Signature of Patient Legally authorized Representative

E.

Date

31-Aug-2024

Witness Signature

Dentist's Signature

Dr. Monisha Ravishankar General Dentist DHA-80874888-002 DENTISTREE

DENTISTREE DENTAL CLINIC 3 AUG-2024

Date